



State of Montana

**RISK RETENTION GROUP  
QUARTERLY PREMIUM TAX PAYMENT  
DUE DATE: APRIL 15, 2011**

RRG Insurer Name: \_\_\_\_\_

NAIC # \_\_\_\_\_ Check Number: \_\_\_\_\_

**QUARTERLY TAX PAYMENT CALCULATION**

1. '10 premium tax liability (# 4 from tax return)  
or 90% of anticipated 2011 tax \$ \_\_\_\_\_
2. Enter 25% of the amount on line #1 \$ \_\_\_\_\_
3. Amount of 2010 overpayment applied to this  
payment (see line # 9 of the tax return) \$( \_\_\_\_\_ )
4. **QUARTERLY AMOUNT REMITTED (#2 - #3)** \$ \_\_\_\_\_  
(Instructions on back)

Mail payment to: Montana Ins Dept - 840 Helena Ave - Helena MT 59601

SAI-25 (New form 10/10)



State of Montana

**RISK RETENTION GROUP  
QUARTERLY PREMIUM TAX PAYMENT  
DUE DATE: SEPTEMBER 15, 2011**

RRG Insurer Name: \_\_\_\_\_

NAIC # \_\_\_\_\_ Check Number: \_\_\_\_\_

**QUARTERLY TAX PAYMENT CALCULATION**

1. '10 premium tax liability (# 4 from tax return)  
or 90% of anticipated 2011 tax \$ \_\_\_\_\_
2. Enter 25% of the amount on line #1 \$ \_\_\_\_\_
3. Amount of 2010 overpayment applied to this  
payment (see line # 9 of the tax return) \$( \_\_\_\_\_ )
4. **QUARTERLY AMOUNT REMITTED (#2 - #3)** \$ \_\_\_\_\_  
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SAI-25 (New form 10/10)



State of Montana

**RISK RETENTION GROUP  
QUARTERLY PREMIUM TAX PAYMENT  
DUE DATE: JUNE 15, 2011**

RRG Insurer Name: \_\_\_\_\_

NAIC # \_\_\_\_\_ Check Number: \_\_\_\_\_

**QUARTERLY TAX PAYMENT CALCULATION**

1. '10 premium tax liability (# 4 from tax return)  
or 90% of anticipated 2011 tax \$ \_\_\_\_\_
2. Enter 25% of the amount on line #1 \$ \_\_\_\_\_
3. Amount of 2010 overpayment applied to this  
payment (see line # 9 of the tax return) \$( \_\_\_\_\_ )
4. **QUARTERLY AMOUNT REMITTED (#2 - #3)** \$ \_\_\_\_\_  
(Instructions on back)

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SAI-25 (New form 10/10)



State of Montana

**RISK RETENTION GROUP  
QUARTERLY PREMIUM TAX PAYMENT  
DUE DATE: DECEMBER 15, 2011**

RRG Insurer Name: \_\_\_\_\_

NAIC # \_\_\_\_\_ Check Number: \_\_\_\_\_

**QUARTERLY TAX PAYMENT CALCULATION**

1. '10 premium tax liability (# 4 from tax return)  
or 90% of anticipated 2011 tax \$ \_\_\_\_\_
2. Enter 25% of the amount on line #1 \$ \_\_\_\_\_
3. Amount of 2010 overpayment applied to this  
payment (see line # 9 of the tax return) \$( \_\_\_\_\_ )
4. **QUARTERLY AMOUNT REMITTED (#2 - #3)** \$ \_\_\_\_\_  
(Instructions on back)

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SAI-25 (New form 10/10)

**RISK RETENTION GROUP  
QUARTERLY TAX PAYMENT INSTRUCTIONS**

**Please do not** combine amounts for affiliated companies on a single check.

**If the amount on line #1 is zero or a negative amount:** Enter zero on line #1 and #4 on all 4 payment vouchers and return all 4 vouchers to this office by April 15, 2011.

If insurer deems the total 2011 quarterly pre-payment requirement on line #1 to be a minimal amount (less than \$100), combine all 4 payments in one check, complete all 4 vouchers and submit the payment on or before April 15, 2011.

If premium writings have declined from the previous year, you may substitute the amount on line #1 with an amount equaling 90% of the 2011 anticipated premium tax.

**If you have any questions, please contact our office at (406) 444-2040.**

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